DETITION FOR EXTENSION OF TIME UNDER 27 CFR 4 428/-)				Docket Number		
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  FY 2008				210121.6	09USPC	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)						
Application Number 10/550,797				Filed Ju	ıly 26, 2006	
For DETECTION AND MONITORING OF LUNG CANCER						
Art Unit 1637			Examine Cynthia	er B. Wilder, Ph.D.		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a						
reply in the above identified application.						
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below);						
10	s below).	Fee	Small E	ntity Fee		
	One month (37 CFR 1.17(a)(1))	\$120	\$6	30	\$	
	X Two months (37 CFR 1.17(a)(2))	\$460	\$2	30	\$ <u>460</u>	
	Three months (37 CFR 1.17(a)(3))	\$1050	\$5	25	\$	
	Four months (37 CFR 1.17(a)(4))	\$1640	\$8	20	\$	
	Five months (37 CFR 1.17(a)(5))	\$2230	\$11	115	\$	
П	Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached.					
п						
П						
	The Director has already been authorized to charge fees in this					
<b>□</b>	application to a Deposit Account.					
×	The Director is hereby authorized to charge the above fees, or credit any overpayment, to Deposit Account Number 19-1090.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
I am the applicant/inventor.						
assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).						
X attorney or agent of record. Registration No. 50,461						
	attorney or agent under 37 CFR 1.34.					
Registration number if acting under 37 CFR 1.34						
	/Julie A. Urvater/	/Julie A. Urvater/			December 19, 2007	
	Signature				Date	
	Julie A. Urvater, Ph.D., Patent Agent 206-622-4900					
	Typed or printed name Telephone Number					

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Submit multiple forms if more than one signature is required.

SEND TO: Commissioner for Patients, PO Box 1450, Navandia, VA 22313-1430.

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